

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026054

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6773

STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1913 Sullivan

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

WILLIAM

Middle

H.

Last

KELLER

4. DATE OF DEATH

Month

Day

Year

6

25

63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-19-1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truckdriver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Beardstown, Illinois U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Frank Keller

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Lilly Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lilly Keller 1913 Sullivan

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebral embolism

DUE TO (b)

Mural Thrombus

DUE TO (c)

Myocardial infarction

47201

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive E-Verse, Pulmonary edema + congestion, Emphysema, Cor Pulmonale, Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6 23 63

to 6 25 63

and last saw her him alive on 6 25 63

Death occurred at

6:10 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A. E. Cozart MD

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

6 25 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

June 28, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

ST. LOUIS FUNERAL HOME

2205 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.

JUN 28 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

COZART
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1
2 22
3
4 0
5 1
6
7 1
8 1
9
10
11
12 75-0
13
75

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Laines

Licensed Embalmer No. 4108

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.